

PARTICIPANT INFORMATION FORM

Activity _____

Code # _____

Start date _____/_____/_____

To complete registration:

- Complete **BOTH SIDES** of this form for **each** participant.
- Attach this form to a completed *Activity Registration Form* (when registering in person or by mail) OR to a signed *Release Agreement* (when registering online using eRecreation).
- Mail or deliver these forms and payment as soon as possible and **at least two weeks prior to the activity start to: Parks and Recreation Department, Attn: Front Desk, 620 Laguna Street, Santa Barbara, CA 93101.**

The participant will not be allowed to participate until we receive these forms and have had an adequate opportunity to evaluate them.

PARTICIPANT'S NAME: Last															First														

Address _____ City _____ Zip _____

Phone _____ Age _____ Date of Birth ____/____/____ ☐ Male ☐ Female

School _____ Grade in Sept 2005 _____

Person(s) authorized to pick up the participant _____

PRINT PARTICIPANT'S FULL NAME in each section below to which you agree to the terms of the section.

PHOTOGRAPH RELEASE

The Parks and Recreation Department reserves the right to take and use photos of participants for publicity purposes free of charge. Photos of participants are used in the City's activity guide and other media publications. I hereby grant the City of Santa Barbara permission for the free use of _____ (**PRINT PARTICIPANT'S FULL NAME**) likeness, name, voice and words in any broadcast, telecast or print media account of this event or activity.

PERMISSION FOR FIELD TRIPS

Some recreation activities include field trips to parks or public sites. Staff and participants will arrive at their destination by either walking or riding on public buses, trolleys or other City-approved vehicles. I hereby consent to the staff of the Parks and Recreation Department taking _____ (**PRINT PARTICIPANT'S FULL NAME**) on field trips during the recreation activity.

PARENT HANDBOOK

_____ **PLEASE INITIAL** if you reviewed the *Parent Handbook* pertaining to the activity in which your child is registered. A *Parent Handbook* is provided for some recreation activities during registration. Handbooks are also available at the website listed at the bottom of this page and the address provided in the first paragraph at the top of this page. Handbooks contains activity information such as recommended attire, supplies needed, pickup and drop off procedures, etc.

PARTICIPANT SWIM ABILITY ASSESSMENT

If the recreation activity for which the participant is registering includes aquatic activities at a pool, beach or other location with water, participants will receive a swim test by a certified City lifeguard prior to participating in these activities. The results of this test will determine the extent participation in aquatic activities. Please help us to evaluate the participant's swimming ability by **initialing the box below with the description that most closely fits the participant.**

- ☐ **Type I** The participant does not know how to swim or is uncomfortable or nervous around water. Participant cannot put their face in the water, hold their breath, right themselves or float
- ☐ **Type II** The participant can hold their breath, fully submerge their head under water, right themselves, float unsupported for five (5) seconds, flutter kick and to turn over from front and back. Participant is uncomfortable in water over their head and is unable to propel themselves beyond ten (10) yards.
- ☐ **Type III** The participant is comfortable in deep water, can demonstrate basic swimming stroke techniques with controlled breathing, can propel themselves twenty five (25) meters and tread water for two minutes.
- ☐ **Type IV** The participant is comfortable in deep water, can demonstrate advanced swimming stroke techniques with controlled breathing, can continuously propel themselves for a minimum of 100 meters, tread water for four (4) minutes and swim fifteen (15) meters under water

Participant Emergency and Health Information

List the participant's parent or legal guardian as the first emergency contact (i.e. in the line labeled 1).

EMERGENCY CONTACT	Relationship	Home Phone	Work Phone	Cell Phone/Pager
1.	Parent/Legal Guardian			
2.				
3.				

PERMISSION TO AUTHORIZE TREATMENT

In the event of emergency injury or illness while the participant is attending the recreation activity, I hereby authorize the Parks and Recreation Department to consent to medical treatment on behalf of my child _____ **(PRINT PARTICIPANT'S FULL NAME)**. The undersigned, as parent or legal guardian of the child identified on this form, hereby authorizes the Parks and Recreation Department and its adult officers, employees and agents into whose care the registered child has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician or surgeon. This authorization is given pursuant to the provisions of section 6910 of the Family Code of California. It is understood that if time and circumstances reasonably permit, the Parks and Recreation Department will endeavor, but is not required, to communicate with the parent or guardian prior to consenting to such treatment. The undersigned further agrees to RELEASE, WAIVE, DISCHARGE AND COVENANTS NOT TO SUE the City of Santa Barbara, its employees, officers and agents on behalf of the undersigned, the registered minor and their personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of any injury to the minor associated with any medical care performed or provided with consent given pursuant to this authorization. This authorization to consent to treatment of the minor identified above is given to the Parks and Recreation Department in conjunction with any activity or event in which the minor's care is entrusted to the Parks and Recreation Department.

PARENT/GUARDIAN: PRINT NAME _____

SIGNATURE _____ **DATE** _____

It is the responsibility of the parent/guardian to disclose all relevant information regarding the participant's health and special needs. Additional information and/or a physician's clearance may be required for participants with special needs or medical conditions. Information will be kept confidential and used only to determine appropriate care.

HEALTH & SPECIAL NEEDS	YES	NO	IF YES, EXPLAIN
Has had a Tetanus shot?	<input type="checkbox"/>	<input type="checkbox"/>	Date of last shot: / /
ADD, ADHD	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Communicable diseases	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Diet or activity restrictions	<input type="checkbox"/>	<input type="checkbox"/>	
Medications	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Date of last seizure: / / Seizure type:
Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Wheelchair user	<input type="checkbox"/>	<input type="checkbox"/>	Transfers: <input type="checkbox"/> Independently <input type="checkbox"/> Partial Assistance <input type="checkbox"/> Full Assistance
Requesting assessment for disability (Inclusion) support	<input type="checkbox"/>	<input type="checkbox"/>	Contact Adapted Programs at 564-5421 for more information on our Inclusion program.
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Participant's Physician _____ Phone _____

PARENT/GUARDIAN: PRINT NAME _____

SIGNATURE _____ **DATE** _____